

# PUBLIC HEALTH SEATTLE & KING COUNTY

## INSTRUCTIONS FOR PREPARING AN APPEAL TO THE HEALTH OFFICER VIA THE KING COUNTY SEWAGE REVIEW COMMITTEE (SRC) PROCESS

**NOTE:** Applications for appeal shall be filed with the health officer not later than 5 p.m. (5:00 p.m.) of the sixtieth (60<sup>th</sup>) calendar day following the date of the decision or order that is the subject of the appeal. Applications received later than the above time period will be returned to the applicant as unacceptable. (Reference: The Code of the King County Board of Health, Title 13, Chapter 13.12)

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In order to make a timely and appropriate review of your request for reconsideration, the following documents are the minimum which should be submitted. Submit **five (5)** complete sets of the application package, including copies of all pertinent exhibits with each set.

☐ *All documents and support materials must be legible.*

- ☐ 1. An explanation of why application of King County Board of Health code will cause undue and/or unnecessary hardship;
- ☐ 2. An explanation of why waiver of a portion of the code will not jeopardize public health and safety or interfere with the rights of others in the comfortable enjoyment of their life or property. Provide technical justification for each specific waiver request.
- ☐ 3. Reference the specific chapter and section (from the Code of the King County Board of Health Title 13) you are requesting be waived or modified. If the appeal involves a formal policy & procedure, reference the document number.
- ☐ 4. Photocopies of all documentation involving the formal decision or order issued by the District Health and Environmental Investigator. With each application set, include copies of disapproved plot plans and all specifications associated with the proposed/existing sewage system.
- ☐ 5. Any additional evidence you may wish to include demonstrating why waiver or modification of the code will not result in an inadequate system. This may consist of geologist's reports, engineer's reports, manufacturer's literature, sewer district letters, photographs, or anything else which has a bearing on the application and will provide information to the Committee.
- ☐ 6. A **\$1,279.00** application fee;
- ☐ 7. Attach an accurate route and direction map for locating the subject property. (If the appeal involves property with an existing structure, indicate the color of building or mobile home.)
- ☐ 8. Notify all owners of property located within 300 feet of the subject property or the owners of the nearest 15 properties whichever is greater, concerning the nature of your appeal. (See further instructions on the attached form.)
- ☐ 9. Complete this checklist and submit it with your application to:

**Attn: King County Sewage Review Committee  
Eastgate Public Health Center  
14350 SE Eastgate Way  
Bellevue, WA 98007-6458**

Within forty days, following receipt of your completed application, a meeting of the Committee will be scheduled to consider your request. In order that you may be notified of the date, times, and location of the meeting, please provide an address and telephone number where you may be contacted during working hours. If applicable provide a fax number, e-mail address, and the names and mailing addresses of any additional persons to be notified of the future meeting.

# PUBLIC HEALTH SEATTLE & KING COUNTY

## APPLICATION FOR RECONSIDERATION OF DECISION/ORDER KING COUNTY SEWAGE REVIEW COMMITTEE (Process) (Submit five complete application sets)

DATE RECEIVED

### *APPLICATION FACE PAGE*

\$1279.00 APPLICATION FEE RECEIVED \_\_\_\_\_

APPEAL FILE # \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

Interest of Applicant \_\_\_\_\_ Daytime Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Fax \_\_\_\_\_ ( ) \_\_\_\_\_ e-mail address \_\_\_\_\_

Name and mailing address of property owner \_\_\_\_\_  
(if different than above)

Address of Subject Property \_\_\_\_\_

Parcel Number (APN) \_\_\_\_\_

Legal Description of Property: (for lengthy descriptions provide this information on a supplemental page)

The following information is intended to assist the Sewage Review Committee in evaluating your appeal. You may attach additional pages if necessary. The applicant's name and/or address of the subject property should be indicated at the top of each supplemental page or exhibit.

1. Description of Waiver Request: Reference the portions of the code and/or policies of which you are requesting a waiver or modification. If necessary, attach additional pages and/or **narrative** to clarify your request(s).

Code Section / Policy #	Brief Description

2. Will your neighbors or the owners of any nearby property or subsequent owners of your property be harmed in any way by the variance you have requested? Give reasons (e.g. technical justification) for your answer.

3. NOTIFY ALL OWNERS OF PROPERTY LOCATED WITHIN 300 FEET OF YOUR LAND OR OWNERS OF THE NEAREST 15 PROPERTIES, WHICHEVER IS GREATER. SPECIFIC INSTRUCTIONS ARE ON THE ATTACHED FORM.

4. IF APPLICABLE, ATTACH EXIHIBITS TO SUPPORT YOUR APPEAL. EXHIBITS SHOULD CLEARLY SHOW THE REASONS CITED BY THE DISTRICT SERVICE CENTER FOR DISAPPROVAL. IF NECESSARY TO ESTABLISH REASONS, YOU SHOULD ALSO ATTACH SUPPORTING DATA. THIS MAY CONSIST OF GEOLOGIST'S REPORTS, MANUFACTURER'S LITERATURE, ENGINEER'S REPORTS, PHOTOGRAPHS OR OTHER PERTINENT DATA.

PUBLIC HEALTH SEATTLE &-KING COUNTY

KING COUNTY SEWAGE REVIEW COMMITTEE (SRC)

Eastgate Public Health Center  
14350 SE Eastgate Way  
Bellevue, WA 98007-6458

LIST OF OWNERS OF NEIGHBORING PROPERTY

Instructions:

As the applicant in a case before the Sewage Review committee, you are responsible for notifying the owners of all property within three hundred (300) feet of your lot or owners of the nearest fifteen (15) properties, whichever is greater, using the “Dear Neighboring Property Owner” form letter.

The names and addresses of those owners can be obtained via the internet at <http://www.metrokc.gov/>. Currently, the typical point and click sequence is: **Parcel Viewer**→**Property Research Parcel Viewer**→**Advanced Mode (buffering)**→**Buffer Distance**. Applicants are advised that a mailing address will generally not appear in the case of parcel numbers ending with four identical numbers (e.g. 5555 or 7777). Such parcels cannot be considered part the count for the notification of appeal mailing list. If additional clarification is required, applicants may contact the Assessor’s Office at (206) 296-7300.

At the minimum, the following must be sent to each property owner or owner group identified:

- a copy of the “Dear Neighboring Property Owner form letter;
- a copy of your application face page (i.e. indicating the applicants name, parcel number, legal description, etc.) If the legal description of your property or the answers to items 1 or 2 on the appeal cover sheet extends onto other pages, you must include those pages;
- a copy of the health officer decision/deficiency letter;
- a copy of the applicant’s narrative regarding the request for waiver.

The names, mailing addresses, and corresponding parcel numbers should be listed in the preferred format that appears below. Please note that the applicant need not send copies of exhibits, maps, charts, studies, and photographs, etc. to property owners being notified.

The applicant must send notification to all neighboring property owners within two weeks of the date the complete application is filed. When depositing the notices in the mail, a copy of a completed version of the form appearing below (i.e. with names, tax account numbers, mailing addresses and mailing dates) must also be forwarded to the Review Committee at the above address. No meeting of the committee will be scheduled (to consider the appeal) prior to this step being completed, and submission of this form/information to the address indicated above.

Failure to properly notify property owners could invalidate your appeal, or subject you to a lawsuit. Therefore, it is advised that applicants consider sending the notifications by certified mail, return receipt requested.

	<u>Name of Property Owner and Tax Lot Account Number(s)</u>	<u>Mailing Address</u>	<u>Date Notice Was Mailed</u>
1.			
2.			
3.			

4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
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Date: \_\_\_\_\_

APPEAL FILE # \_\_\_\_\_

## Dear Neighboring Property Owner:

I/We have filed an appeal for reconsideration of a decision or order issued by the King County Health Officer. The appeal pertains to the following subject property:

Address of the Subject Property: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

An appellant is responsible for providing notice regarding the nature of the appeal to all owners of property located within three hundred feet (300') of the subject property or to the owners of the nearest fifteen (15) properties, whichever is greater. Enclosed are copies of the application face sheet and information describing my appeal.

If you would like to become a party of record for this appeal (i.e. to receive additional communication regarding the appeal and/or comment on the appeal), forward your **written correspondence** to the address indicated below. Be sure to reference the parcel number, or the address of subject property, or (if known) the appeal file number.

**King County Sewage Review Committee**

**Public Health Seattle and King County**

*Eastgate Public Health  
14350 SE Eastgate Way  
Bellevue, WA 98007-6458*

*Fax Numbers: (206) 296-4919*

**Or : (206) 205-8990**

If you would like to schedule an appointment to review the entire file relative to my appeal, contact the health department at (206) 296-4932

Sincerely,

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_